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**Facsimile Cover Sheet**

Attention: Mail Stop Amendment

Department:

Company Name: United States Patent and Trademark Office

Date: August 19, 2005

Pages: 14 (including cover sheet)

From: Ohlandt, Greeley, Ruggiero &amp; Perle

Docket Nos.: 460.1791USU

**MESSAGE:**

Serial No. 09/414,764

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Pauley et al.

Serial No.: 09/414,764

Filed: October 7, 1999

For: RAPID EXPANSION TAMPON PLEDGET

Examiner: Kidwell, Michele M.

Art Unit: 3761

Confirmation No.: 3820

Customer No.: 27623

Attorney Docket No.: 460.1791USU

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

AMENDMENT TRANSMITTAL

We are enclosing an Amendment in response to the communication dated May 19, 2005 in the above-identified application.

Petition for extension of time pursuant to 37 C.F.R. §§ 1.136 and 1.137 is hereby made if, and to the extent, required. The fee for this extension of time is calculated to be \$0.00.

The fee for any change in number of claims has been calculated as shown below.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment		Highest Number Previously Paid	Present Extra	Rate	
Total Claims	11	Minus	21		x \$50.00	0\$
Independent Claims	4	Minus	4		x \$200.00	0\$
MULTIPLE DEPENDENT CLAIM FEE						x \$360.00 = \$
TOTAL FEE FOR CLAIM CHANGES						\$0.00
1/2 FILING FEE FOR SMALL ENTITY						\$N/A

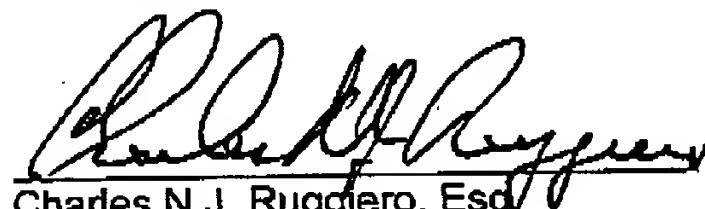
The total fee for this amendment, including claim changes and any extension of time is calculated to be \$ 0.00.

       A check in the amount of \$ 0.00 is attached.

The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. §§1.16 and 1.17 which may be required with this communication or during the entire pendency of the application, or credit any overpayment, to Deposit Account No. 01-0467. A duplicate copy of this Form is enclosed.

August 19, 2005

Date



Charles N.J. Ruggiero, Esq.  
Attorney for Applicant(s)  
Registration No. 28,468  
Ohlandt, Greeley, Ruggiero & Perle, L.L.P.  
One Landmark Square, 10<sup>th</sup> Floor  
Stamford, CT 06901-2682  
Telephone: (203) 327-4500  
Telefax: (203) 327-6401

#### CERTIFICATE OF TRANSMISSION

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING FACSIMILE TRANSMITTED TO THE FACSIMILE NUMBER 571-273-8300, c/o MAIL STOP AF, COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450, ON August 19, 2005.

Erica Dorsey  
NAME

Erica Dorsey  
SIGNATURE

8/19/2005

DATE

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Total Claims	11	Minus	21		x \$50.00	0\$
Independent Claims	4	Minus	4		x \$200.00	0\$
MULTIPLE DEPENDENT CLAIM FEE					x \$350.00 = \$	
TOTAL FEE FOR CLAIM CHANGES					\$0.00	
1/2 FILING FEE FOR SMALL ENTITY					\$N/A	

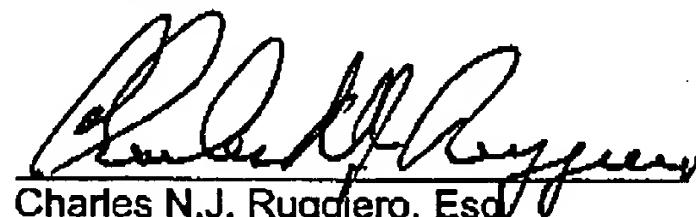
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Request for Reconsideration

Dear Sir:

The following is in response to the Office Action mailed on May 19, 2005 in the above-referenced application:

**Claim Listing - Page 2**

**Remarks/Arguments - Page 6**